

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	11/479,437
	Filing Date	June 30, 2006
	First Named Inventor	Allen et al.
	Art Unit	1637
	Examiner Name	Babic, Christopher M.
	Attorney Docket Number	55325-8148.US11

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 22918

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The client has requested that this case be transferred to the Assignee

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
 2. ☐ Change the correspondence address and direct all future correspondence to:

☒ The address associated with Customer Number: 27777

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

Signature

Judy M. Mohr

Name

Judy M. Mohr

Registration No.

38,563

Date

May 1, 2006

Telephone No.

650-838-4402

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of the time period for response or possible extension period, the request to withdraw is normally disapproved.